

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	HA	858	02-27-01
RESPONSE FORMALITY REVIEW	FL	919	09-01-01
Res	TZ	947	10/02/01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	6/5/02
2	✓	✓	6/5/02
3	✓	✓	6/5/02
4	✓	✓	6/5/02
5	✓	✓	6/5/02
6	✓	✓	6/5/02
7	✓	✓	6/5/02
8	✓	✓	6/5/02
9	✓	✓	6/5/02
10	✓	✓	6/5/02
11	✓	✓	6/5/02
12	✓	✓	6/5/02
13	✓	✓	6/5/02
14	✓	✓	6/5/02
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48	✓	✓	6/5/02
49	✓	✓	6/5/02
50	✓	✓	6/5/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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617
10/02/01